

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9124

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1720 Overton				d. STREET ADDRESS (If rural, give location) 1720 Overton			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) HENRY		c. (Last) COOK		4. DATE OF DEATH (Month) (Day) (Year) Mar. 14, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 20, 1859	
9. AGE (In years last birthday) 90		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Man		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cassel Rock, Minn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Jackson Cook		13b. MOTHER'S MAIDEN NAME Irene Rice		14. NAME OF HUSBAND OR WIFE Sarah Jane Cook Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 719-18-8265		17. INFORMANT'S SIGNATURE OR NAME Miss Irene Cook Indep, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Sclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Senesence II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year 2 year 3 years 4-20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>40</u> to <u>March 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>March 13</u> , 19 <u>50</u> and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE C. H. Allen (Deputy or title)				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 3-15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) K. c. Mo.	
DATE REC'D BY LOCAL REG. Mar. 15-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Indep. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1950

MAR 20 RECD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.